A 12-year-old girl had a pustule-like lesion which appeared on her genital region 4 days ago and grew rapidly with a swelling and tenderness. Before the admission, she did not take any medication except the analgesics. On the physical examination, no pathological findings were observed other than a very painful ulcer-necrotic lesion with purulent discharge which was on the entrance of the vagina, at 6 o’clock position. The whole blood count showed a hemoglobin level of 12.6 g/dL, a white blood count of 4210/mm³, and a platelet count of 187000/mm³. ESH was 14 mm/h and CRP was 26 mg/L. The serum biochemistry analysis and complete urinalysis were normal. Discharge culture was performed and intravenous piperacillin-tazobactam and fluconazole were administered empirically. Beside the antimicrobial agents oral paracetamol, ibuprofen and topical lidocaine were added to the treatment. Uveitis was not observed and Pathergy test and HLA B51 were negative. The vaginal and urine cultures were negative. The serological tests for EBV, CMV, herpes simplex virus (HSV) type 1 and 2, Toxoplasma gondii, parvovirus B19, hepatitis B virus (HBV), hepatitis C virus (HCV), hepatitis A virus (HAV), human immunodeficiency virus (HIV), and VDRL were found to be negative. The patient was started on intravenous methylprednisolone (2 mg/kg/day) with the preliminary diagnosis of UVA. Application of topical steroid and anesthetic on the lesions was continued. After the methylprednisolone treatment, the ulcer rapidly shrank and the pain markedly relieved. On the 6th day of hospitalization, the dosage of methylprednisolone was reduced to 1 mg/kg/day and she was discharged. No new lesions were evident in the follow-up and the methylprednisolone was stopped gradually within 3 weeks. During the 9-month follow-up, there were no new lesions and complaints.

Conclusion The most prevalent cause of genital ulcers is HSV and it is related to sexual activity. When vulvar ulcer is observed in children, the history of sexual activity and sexual abuse should be carefully questioned. If there is no history of sexual activity, after excluding all the other possible causes, UVA should be considered first for the differential diagnosis.